



OPERATING PROCEDURE

CARDIAC ARREST
VENTRICULAR FIBRILLATION/PULSELESS
VENTRICULAR TACHYCARDIA

Effective Date:
November 1, 1986

Revised:
October 1, 2000

Approved By:

Approved By Operational Medical Director:

ALS ONLY

1. Ensure that electrodes and cables are properly connected. Ensure that the EKG documenting Ventricular Fibrillation or Ventricular Tachycardia is either printed or captured into "Code Summary".
2. If VF/VT is present, determine if BLS providers have performed defibrillations and defibrillate up to 3 times following AHA guidelines.
3. Between each intervention, reassess patient and observe the EKG monitor for change in rhythm.
4. Ensure that proper CPR per the AHA standard is maintained throughout the resuscitation.
5. Intubate as soon as possible. Confirm ET tube placement.
6. Establish an IV of 0.9% Sodium Chloride as soon as possible. Start a second IV as time allows. If IV access can not be obtained, obtain IO access.
7. Administer EPINEPHRINE:
 - ❑ Adult: 1 mg 1:10,000 rapid IV/IO push every 3 to 5 minutes as needed.
 - ❑ If no IV or IO has been established, Administer EPINEPHRINE 1:1,000 2.5 mg ETT as outlined in OP 6.2.03.
 - ❑ If the patient does not respond to the 1 mg dose of EPINEPHRINE, consider increasing the dosage to 2 to 5 mg IV push every 3 to 5 minutes. A 30 mg vial of 1:1,000 EPINEPHRINE is recommended for this dosing regimen.
 - ❑ Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape
8. Following the first dose of EPINEPHRINE and *prior* to the 4th defibrillation, administer AMIODARONE (CORDARONE):
 - ❑ Adult: 300 MG IV/IO push

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9. If VF/VT persists, immediately defibrillate at 360 Joules. If patient remains in VF/VT defibrillation should be repeated 30 to 60 seconds after each dose of subsequent medications.
10. If no change, administer LIDOCAINE:
- ❑ Adult: 1.5 mg/kg rapid IV/IO push every 3-5 minutes as needed. Maximum dose not to exceed 3 mg/kg
 - ❑ If no IV or IO has been established, Administer LIDOCAINE 3mg/kg ETT as outlined in OP 6.2.03.
 - ❑ Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape
11. If no change, administer BRETYLIUM:
- ❑ Adult: 5 mg/kg rapid IV/IO rapid IV push. If no response after 3 to 5 minutes repeat at 10 mg/kg. Repeat at 10 mg/kg as needed. Maximum dose not to exceed 35 mg/kg
 - ❑ Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape
12. If no change, administer MAGNESIUM SULFATE:
- ❑ Adult: 1 to 2 Grams rapid IV/IO rapid IV push.
13. If no change, administer PROCAINAMIDE:
- ❑ Adult: 200 mg rapid IV/IO push. If no response, after 3 to 5 minutes repeat dosage. Maximum dose not to exceed 17 mg/kg
 - ❑ Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape
14. If at any point the patient regains a viable rhythm with a pulse administer one of the following anti-arrhythmic regimens:
- ❑ If AMIODARONE was administered and resulted in a conversion/resuscitation then begin an AMIODARONE infusion. MIX: 100 mg AMIODARONE in 100ml 0.9% Sodium Chloride INFUSE: 1mg/min (60gtts/min using a 60 drop mini-drip set)
 - ❑ If LIDOCAINE, BRETYLIUM or PROCAINAMIDE has been administered then administer 50% of the loading dose every 8 to 10 minutes. The agent to be administered as a maintenance dose shall be the agent that converted the rhythm.
 - ❑ If no anti-arrhythmic has been administered yet (e.g.: patient converts during first 3 defibrillations) then administer LIDOCAINE 1.0 mg/kg bolus followed by 0.5 mg/kg every 8 to 10 minutes. Dosage shall not exceed 3 mg/kg
15. Consider SODIUM BICARBONATE 1 mEq/kg IV push

MEDICAL CONTROL ONLY

16. Administer further medication or carry out further procedures as directed by medical control.

17. Consider termination of efforts.